



PHYSICAL EXAMINATION FORM

SCHOOL OF PHARMACY

Name: _____

This form must be submitted, in addition to the Union University Health Form and evidence of specific immunization / screening, by all students applying to the School of Pharmacy.

GENERAL APPEARANCE

PHYSICAL EXAMINATION

Height: _____ Blood Pressure: _____ Weight: _____ Pulse: _____

Eyes Without Glasses: Right 20/ _____ Left 20/ _____ Eyes With Glasses: Right 20/ _____ Left 20/ _____

HGB or HCT _____ UA _____ Hearing Assessment _____

(O-if Normal, √- if Abnormal and Explain)

_____ Skin	_____ Mouth	_____ Abdomen
_____ Scalp	_____ Lymphatic System	_____ Genitalia/Rectal
_____ Eyes and Lid	_____ Breast	_____ Musculoskeletal
_____ Ears	_____ Lungs	_____ Neurological
_____ Nose	_____ Heart	
_____ Throat	_____ Back	

Explanation: _____

Please complete reverse side

